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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Apr 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # FREART

101

Principal Place of Business Mailing Address C/O BETTY PHILLIPS. P.A. RR 1. BOX 75A ELLAVILLE GA 31808-9713 WEST PALM BEACH FL 33405					
US	ENOTITE SOMO			3. Date Incorporated or Qualified 06/01/1982	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-2193050	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stati	е	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zφ T1	Country	Ζφ	Country	8. This corporation has liability for it	ntangible tax under s. 199.032,
4	25 9. Name and Address of Current	29 Registered Agent	[30]	Florida Statutes 10. Name and Address of New Reg	Yes No
DLIII	LIPS, BETTY	· Hogistorou Agont	81 Name	10. 140110 0110 700,000 01 11011 1101	Biores on whole
	WORTH AVENUE				
PH 2			82 Street Add	iss (P.O. Box Number is Not Acceptable) O Electronal Drive	
	M BEACH FL 33480		B3	er - g cooo	
IND	III DENOTITE GOTOO		1		12-1 - 2
			84 City We	est Palm Beach	FL 85 Zip Code 33405
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the above-named co	rporation submits this statement for the p	urpose of changing its registered
oflion or •	onistored about or both in the State :	of Florida Cuah abanca was a			
aricot La	m familiar with and accord the oblice	or Florida, Such Change was a	authorized by the corpora	ation's board of directors. I hereby accep	of the appointment as registered
	rm familiar with, and accept the obliga	of Florida, Sport change was a stions of, Section 607.0505, Flo	authorized by the corpora xida Statutes.	ation's board of directors. I hereby accep	ot the appointment as registered
	m familiar with, and accept the obligation of th		Authorized by the corpora orida Statutes. E. Ragistered Agent algorature requ		of the appointment as registered
SIGNATURE		nt and title it applicable (NOTE			DATE
SIGNATURE	Suprative, typed or printed name of registured ager	nt and title it applicable (NOTE	E: Registered Agent signature req	ulfed when reinstating)	DATE SERS AND DIRECTORS IN 12
SIGNATURE 2.	Signature, typed or printed name of registored agen	nt and title if applicable (NOTE D DIRECTORS	E: Registered Agent signature req	ulfed when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE I 2. III.E IAME	Stipulare, typed or protest name of registared ager OFFICERS AND	nt and title if applicable (NOTE D DIRECTORS	E: Registered Agent signature required 13.	ulfed when reinstating)	DATE ERS AND DIRECTORS IN 12
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SIGNATURE 12. HILE NAME STREET ADDRESS CITY - \$1 - 24P	Stipulary, typed or printed name of registered agent OFFICERS AND PD PHILLIPS, BETTY 201 EDGEWOOD DRIVE	nt and title if applicable (NOTE D DIRECTORS	E: Registered Agent signature req 13. 11 TiffLE 12 NAME 13 STREET ADDRESS	ulfed when reinstating)	DATE ERS AND DIRECTORS IN 12 Change Additio
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